File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

		TIL OUMMANT LAGE		- ZUII7 Mov	10
COMMITTEE NAME (Must be same as on Statement of	of Organization)	1	-47 ((0)	13 AH 9:20
S.O.S	Committee		1 1	-ORM	
(1)Statewide/Legislative (4)County Central Comr	y # type of committee you are reporti	ng for: date (2)State PAC (3)State Party y Candidate (7)School Board or Other Political School Board or Other Political Subdivision PAC	(Ro	DR-2 ev. 07/2007) r Office Use Or	DISCLOSURE REPORT
CANDIDATE COMMIT	ITEES ONLY:				
Candidate Name	TILLO ONLY.	Political Party (if applicable)	Sœ	anned	
Office Sought		District (if Senate or House)	1 1		
Late reports are subject to	1 organ	ies. Pursuant to Iowa Code sections 68B.32A(7 しいまました。 しいままます。 「「これ」というでは、「これ」とは、これ、「これ」とは、「これ」とは、「これ」とは、「これ」とは、「これ」とは、「これ」とは、「これ」とは、「これ」とは、「これ」とは			
I AM FILING A	11-11-07	REPORT FOR (1) ELECTION /(2)NON-E	LECTION YEA	AR.
	(report date)	Indicate by #	وسندندا		
□CHECK IF AMENDM	ENT TO REPORT DATED			ittees, enter Dat	
(You must con	(termination) report and attach National to file reports until a DR-3 (is filed.)	nich Election	cal Committees, on is held AVIS	enter County in
STA	ATEMENT OF CASH ON I	IAND			
committee. Th	beginning of the reporting period his amount MUST be the same a porting period or must be zero if the	d. (Total of all funds held by the s the cash on hand at the end is is first report filed.)	\$	2,5	30 39
ADD TOTAL I	MONEY TAKEN IN THIS PERIO	D	•		56
Schedule A: 0	Cash Contributions total (Attach S	Schedule A) (*also see in-kind below)		8	38°
		edule F)			
		y (Attach Schedule H)			
	edule H applies to Candidates'				80
		SUB-TOTAL	S	3,	377
SUBTRACT T	OTAL MONEY SPENT THIS PE	RIOD			
		ule B) (**also see debts and loans below)		3./	22 6.5
		chedule F)			
CASH ON HAND at the	end of this reporting period (if fir	nal report balance must be zero)	\$		55 ⁷⁵
"UNPAID BILLS (From	Schedule D - Attach Schedule [))	\$		
		Schedule E)		-	
		chedule F)	•		-
	DOWN (Schedule G Attached?)	,	······ ₩	YES V	10
CANDIDATE COMMITT					•
	PROPERTY (From Schedule H	- Attach Schodulo LIV	•		•

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Ir	nstructions.	See	Back	of Form

SCHEDULE

MONETARY

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) S.O.S. Committee.		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	[] IF FOR FUND- RAISER INCOME
17/ 1	ID#	John Schroeder			
1/11/07	CK#	John Schroeder 407 S. Fine Bloomfield IA 52537	_	\$38 \$ 20	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
- 1	ID#				
	CK#				
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	ID#				<u></u>
	CK#				
	ID#				
	CK#				
	1	I	SUB-TOTAL	230 ⁵⁰	

TOTAL (if last page of this schedule)

(for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reservation

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be same	as on Statement of Organization)
S.O,S	<i>/</i> 1	nmittee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/31	ID# CK#	Bank of West Service Ag. on acct.		s 4 ⁹⁶
10/26/07		Key Out doors P.O. Box ZOG Kankakes IL 6090)	Billboard	35 ₀ °
10/26/07		Tri Cty Shopper P.O. Box 168 Bloomfield IA 52537	ads	50 517
10/26/07	ID# CK# 67	Po Box 231 HAnnibal MA62401	Billboard Design	10089
10/24/07		BIFD Communications Po. Box 19 Bloomfield IA 52537	ads	227
" /4/07	ID# CK# &9	Tri-Cty Shoppel P.O. Box 168 Bloomfield IA 52537	ad	300
11/4/07		Carter Printing 1739 E. Grand Are Des Moines IA 50316	signa	469
11/11/07	ID# CK# 72	Blfd Communications P.O. Bus 19 Bloomfield IA 5253	ads	115275
			SUB-TOTAL	\$ 3.127 65

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail iternized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page		of		

TOTAL (If last page of this schedule)